U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as emended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1/1/2004 Through: 12/31/2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JAMES C CARLSEN 3	5/2 Name International Union Elevator Constructor
	Labor Organization File Number 044-688
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 3800 NW 35 AVE	Street 3800 NW 35 AUE
City MIAMI	City M1/9-M1
State FLORIDA ZIP Code +4 3314	2 State /=LA/2/10A ZIP Code + 4 33/4-2
5. Position in labor organization. $VP - 13usine 3$	55 MANAGER
(except as specified in the A. Held an interest in, engaged in transactions (including loans) with	
monetary value from an employer whose employees your organ 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bidg., Room No., if any	7.b. Amount.
Street	F.S. Allouin.
City	
State ZIP Code + 4	
	Signature
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena	Signature alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the-section on penalties in the instructions.)
State ZIP Code + 4 15. Signature and verification. The undersigned declares, under pena submitted in this report (including the information contained in any accordance).	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JAMES C. Carlson	SR	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9, Business deals with:				
Name NE/EP					
Trade Name, if any:	a. Labor Organization b. Trust				
P.O. Box, Bldg., Room No., if any	c. Employer				
Street // LARSEN WAY	Lance!				
city AHIEDORO FALLS					
State MASSACHUSETT) ZIP Code + 4 02763					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal				
Name	Apprentice	= ship DINNER			
Trade Name, if any:	Names and Associated Security (Associated Security Securi	MEETING			
P.O. Box, Bldg., Room No., if any					
Street	11.b. Approximate dollar val	ue of such dealing. #43,80			
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	12.b. Amount.				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name	Need Construct a social construction of the co	**************************************			
Trade Name, if any:	Af Amili Mar del trans	or other transmission.			
P.O. Box, Bldg., Room No., if any	After a factor and				
Street	Anadasasasasas				
City	Paramoter and the state of the	Annual Property Control			
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				

Name of Person Filing JAMES C. CAVIS				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name NEIEP		:		
Trade Name, if any:	a. Labor Organization b. Trust			
P.O. Box, Bldg., Room No., if any	c. Employer			
Street // LARSEN WAY				
City AHIEBOTO FALLS				
State 17A ZIP Code + 4 02763				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Reimbursed Ex	penses		
Trade Name, if any:	Reimbursed Ex Chair-co-cha	ei-		
P.O. Box, Bidg., Room No., if any	meeting			
Street	11.b. Approximate dollar value of such dealing.	197.00		
City	12.a. Nature of interest held or income received.	2		
State ZIP Code + 4				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above)			
	r parts A and B above)			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	r parts A and B above) or other thing of value.			
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	r parts A and B above) or other thing of value.			
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or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	r parts A and B above) or other thing of value.			

Name of Person Filing JAMES C. CarlSen	SR File Number U-				
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8. Name and address of Business (including trade name, if any). Name E/WPF - PACE Trade Name, if any: P.O. Box, Bldg., Room No., if any Street /29/4 Erlene DRIVE City Chester State VA. ZiPCode+4 2383/	9. Business deals with: a. Labor Organization b. Trust c. Employer				
10. If 9,b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.				
Name Trade Name, if any:	Reimbursement Ex Train the Train Continuing Educe	penses			
DO Par Pide Pean No. You	Train The Train	11tr			
P.O. Box, Bldg., Room No., if any	Continuing Educa	acton			
Street	11.b. Approximate dollar value of such dealing.	417.52			
City	12.a. Nature of interest held or income received.	5			
State ZIP Code + 4					
	12.b. Amount.	A CONTRACTOR OF THE PROPERTY O			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name		SECTION OF SECTION SEC			
Trade Name, if any:	draw draw draw draw draw draw draw draw	to readmand winder to prove			
P.O. Box, Bidg., Room No., if any	ar removed	NV random Magando			
Street	The state of the s	de the second community			
City	The contract of the contract o				
State ZIP Code + 4					
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.				